STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY

500 Deaderick Street, Suite 850
Nashville, TN 37243
615/741-2364

NOTICE OF REPLACEMENT AND/OR UPGRADE OF MAJOR MEDICAL EQUIPMENT

Public Chapter 780, Acts of 2002, requires that notification be made to the Tennessee Health Services and Development Agency of the replacement and/or upgrade of any medical equipment which required a Certificate of need. Such notification shall be made prior to acquisition of such equipment. PLEASE NOTE that a separate form is to be used for each type of equipment for which notification is being provided.

Should you wish to provide information not specifically requested or further information with regard to information reported, please attach a separate page to provide such narrative.

1. NAME AND ADDRESS OF EQUIPMENT OWNER

(Name of Facility or Individual)

(Street Address) (County)

(Mailing Address, if different from Street Address)

(City) (State) (Zip) (Telephone)

2. CONTACT PERSON OR AUTHORIZED AGENT

(Name) (Title)

(Company) (E-mail Address)

(Mailing Address) (Telephone Number)

(City) (State) (Zip) (Fax Number)

3. EQUIPMENT REPLACEMENT / UPGRADE INFORMATION

A. Type of Equipment (check one):

☐ Computerized Axial Tomography
☐ Extracorporeal Lithotripsy
☐ Cardiac Catheterization
☐ Magnetic Resonance Imagery
☐ Positron Emission Tomography
☐ Other (Describe):_____

3. EQUIPMENT REPLACEMENT / UPGRADE INFORMATION (Continued)

B. Original Equipment Information

Give a description of the original equipment (manufacturer, model number, etc.):

Date original equipment acquired: _____

Cost of original equipment: _____

Expected useful life of original equipment: _____

C. Replacement / Upgraded Equipment Information

Equipment described below is (check one):

☐ Replacement Equipment ☐ Upgraded Equipment

Give a description of replacement / upgraded equipment (manufacturer, model number, etc.):

Date replacement/upgraded equipment acquired: _____

Cost of replacement/upgraded equipment: _____

Expected useful life of replacement/upgraded equipment: _____

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

_____ _____

Signature Date